

Rankin County Adult Detention Center Policies and Procedures

Subject: Administrative Segregation	Policy Number: 4.5
Issue Date: June, 2009	Revision Date: April, 2017
Approval Authority: Bryan Bailey, Sheriff	

POLICY:

The Rankin County ADC shall maintain safe, secure housing for inmates who require detention or protection or whose behavior indicates they require more physical controls than are available in typical general population housing units in the facility. Inmates in segregation will be provided prescribed medication, clothing that is not degrading, access to basic personal items for use in their cells unless there is imminent danger that the inmate or any other inmates will destroy an item or induce self-injury, and access to all activities provided to general population inmates consistent with security precautions.

PENOLOGICAL INTEREST:

It is in the penological interest of this detention facility to provide reasonable and necessary security, safety, and separation of inmates based on individual needs.

PROCEDURE:

Administrative segregation is a form of separation from the general population administered or determined by classification of inmates. The Jail Administrator or Shift Lieutenant may order immediate segregation when it is necessary to protect the inmate or others. The action, if by a Shift Lieutenant, will be reviewed by the Jail Administrator within seventy-two (72) hours.

Inmates may be placed in administrative segregation and out of general population when the inmate:

1. Poses a serious threat to life, property, self, staff, or other inmates;
2. Creates risk to the integrity of the facility or the maintenance of good order;
3. Is in protective custody or requests administrative segregation for protection;
4. Is pending trial on a criminal act committed in the jail;
5. Is pending transfer to another institution, jail, or penitentiary; or
6. Is pending a disciplinary investigation, hearing, or finding of the disciplinary officer (*also see Policy & Procedure 6.1 "Inmate Discipline"*).

The status of inmates in administrative segregation and protective custody is reviewed

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by the Jail Administrator every seven (7) days for the first two (2) months, and at least every thirty (30) days thereafter.

Condition of Confinement in Administrative Segregation:

Conditions of confinement are basically the same in an administrative segregation unit as that of the general population. Unless there are compelling reasons and those reasons are documented, inmates in administrative segregation are afforded the same privileges as other inmates. When an inmate in segregation is deprived of any usual authorized items or activity, this is documented and a report of such submitted to the Jail Administrator.

Those who do not follow inmate rules and/or are disruptive are subject to the same conditions of discipline as other inmates. Discipline for inmates in administrative segregation may include:

1. Loss of administrative segregation status with movement back to the general population or to disciplinary detention status; and/or
2. Movement to a stripped cell or having the cell stripped of furniture or other amenities.

Time spent in administrative segregation will be determined by the Jail Administrator based on the original reason for assigning the inmate to this classification, availability of resources, risk to the facility, risk to the inmate, and needs of other inmates. Inmates in segregation should receive daily visits from the Jail Administrator or his designee.

If an inmate in segregation uses food or food service equipment/utensils in a manner that is hazardous to his/herself, the staff or other inmates, alternative meal service may be provided. Alternative meal service is on an individual basis, is based on health or safety considerations only, meets basic nutritional requirements, and occurs only with the approval of the Jail Administrator with consultation from the Medical Staff. The substitution should be reviewed in seven (7) days and, unless warranted, should not exceed seven (7) days in length.

Inmates in administrative segregation can write and receive letters on the same basis as inmates in the general population unless this has been suspended for disciplinary reasons (not including legal correspondence).

Visitation for inmates in administrative segregation shall be addressed on a case-by-case basis by the Jail Administrator. Access to counsel shall continue while in administrative segregation.

Inmates in administrative segregation have the same access to legal materials as general population inmates (*see Policy & Procedure 12.5 "Inmate Access to Law*

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Library”).

Inmates in administrative segregation have the same access to reading materials as general population inmates.

Inmates in administrative segregation receive a minimum of one (1) hour of exercise per day outside their cells, five days per week, unless security/safety considerations or inmate disciplinary action(s) dictates otherwise. Suspension of exercise periods must be approved by the Jail Administrator.

Inmates in administrative segregation are allowed limited telephone privileges consisting of telephone calls related specifically to the judicial process and family emergencies as determined by the Jail Administrator.

Inmates in administrative segregation shall have access to programs and services on the same basis as general population inmates unless a program and/or service has been suspended for disciplinary reasons or safety/security reasons. For safety and security reasons, some Commissary items may be prohibited from obtaining/possessing by inmates in administrative segregation.

Special Management Inmates in Segregation:

Special management inmates who are violent, demonstrate unusual or bizarre behavior, have mental health problems or are suicidal require more frequent observation. These inmates should be personally observed by a detention officer on a regular schedule every thirty (30) minutes (15 minutes for suicidal inmates). Staff assigned to work directly with special management inmates should be selected based on criteria that includes:

- Completion of probationary period
- Experience
- Suitability for this population

Staff shall be closely supervised and their performance shall be evaluated at least quarterly, with provisions for rotation to other areas/duties as needed.

Documentation shall be maintained on special management inmates containing:

- Inmate's name
- Inmate number
- Housing location
- Date placed in special management segregation
- Reason for special management segregation
- Tentative release date
- Special medical or psychiatric problems or needs
- Contacts with inmate by detention officers, medical staff or others.

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- Actual date released from segregation

Placement in Protective Custody (Segregation) Status:

A protective custody inmate is one who requires protection due to threats of harm by other inmates. There is a range of options with respect to inmates who request protective segregation. For some, it is sufficient to transfer them to another housing unit. In all other aspects, these inmates should be treated as general population inmates where practical. An inmate is placed in protective segregation only when there is documentation that protective segregation is warranted and no reasonable alternatives are available.

Inmate requests for protective segregation shall be documented as quickly as possible and no later than twelve (12) hours of the request. Inmate requests for protective segregation shall be forwarded to the Jail Administrator. The Jail Administrator or his designee shall initiate an investigation into the alleged threat to the inmate as quickly as possible and no later than twelve (12) hours of the request. As quickly as possible and no later than thirty-six (36) hours of the receipt of the request, the inmate should be placed in protective segregation unless:

- The investigation reveals no identifiable current threat of harm to the inmate. The basis for this determination, including statements from persons interviewed during the investigation, shall be documented, or
- The matter is resolved by other methods such as rearrangement of the job or housing assignment of the inmate(s) involved.

Placement in Pre-Hearing Detention (Segregation) Status:

An inmate charged with or suspected of a disciplinary violation may be placed in Pre-Hearing Detention (segregation) if:

- He/she is an escape risk;
- His/her presence in the general population would create a threat to the physical safety of other inmates or staff, or
- It is necessary to maintain the integrity of an investigation, i.e., to preserve the integrity of information either in the inmate's possession or another inmate's possession.

The determination to place an inmate in Pre-Hearing Detention without notice or hearing shall be made by the Sheriff, the Jail Administrator, or the Shift Lieutenant. An inmate may be held in Pre-Hearing Detention for no more than ten (10) days. In the case of Pre-Hearing Detention for the purpose of preserving the integrity of an investigation, the ten (10) day period may be extended once if the Sheriff or Jail Administrator determines, in writing, that it is necessary to complete the investigation and the reasons why.

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Placement in Disciplinary Detention (Segregation) Status:

An inmate convicted of a disciplinary violation may be placed in Disciplinary Detention (segregation) if he has admitted to or has been found guilty of a rule violation. The maximum sanction for rule violations is no more than sixty (60) days total for all violations arising out of one incident. Time spent in Pre-Hearing Detention must be credited against Disciplinary Detention (segregation).

Medical Procedures:

When an Inmate is transferred into segregation, health care personnel shall be informed immediately and will provide assessment and review as indicated by the protocols established by the health care provider. Unless medical attention is needed more frequently, inmates in segregation shall receive a daily visit from the health care provider. This visit is to ensure that inmates have access to the health care system. The presence of the health care provider in the segregation area shall be announced and recorded.

A qualified mental health professional shall interview any inmate remaining in segregation for more than thirty (30) days. If confinement continues beyond thirty (30) days, a mental health assessment by a qualified mental health professional shall be made at least every three (3) months or more frequently if prescribed by the medical authority.

Inmates needing to be seen by a physician shall normally be escorted to the medical unit for treatment, rather than the physician visiting the inmate in the segregation area.

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Rankin County Adult Detention Center Policies and Procedures

Subject: Inmate Medical Services	Policy Number: 11.1
Issue Date: March, 2005	Revision Date: December, 2011
Approval Authority: Bryan Bailey, Sheriff	

POLICY:

The Rankin County ADC will provide medical evaluation and treatment and housing for inmates who display or have been diagnosed as having medical problems. In such cases, medical care will be provided on a reasonable and cost-effective basis, consistent with the facilities that are available.

PENOLOGICAL INTEREST:

It is in the penological interest of this detention facility to provide reasonable and necessary security and safety standards, control, supervision, and oversight of those inmates with medical or health problems while confined to this facility.

PROCEDURE:

The Rankin County ADC will reasonably provide medical services to inmates as circumstances dictate, and as deemed necessary by the visiting physician. In providing these medical services, the custody and control of the inmate will not be neglected or relaxed.

Inmates have a right to refuse routine medical attention and there will be no involuntary administration of psychotropic medications to inmates. All refusals will be documented.

Students and/or interns will not be used in the facility to provide inmate care.

Initial Intake Evaluation:

1. Any inmate brought into the facility will be medically evaluated before being accepted into the facility.
2. Arriving detainees determined to be in need of critical or emergency medical, mental, or dental care, will not be accepted into the facility, and will remain in the custody of the arresting or transporting officer.
3. During the initial contact, the jail officer will ask the inmate, *are you ill; are you injured; are you under critical medical care?*

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4. If he or she answers yes to any of these questions, or there is good reason to suspect that critical care is indicated, the individual will not be accepted.
5. Facility staff may recommend that transporting or arresting officers transport their inmate to the nearest medical, mental or dental facility for treatment.
6. Detainees showing signs or known to be mentally incompetent will not be accepted.
7. Before the booking process is completed, personnel will complete a medical screening of the inmate.
8. Inmates who claim to be infected with a communicable disease will be medically isolated from the general population pending medical evaluation and review.
9. Reasonable efforts will be made to acquire professional assistance in processing individuals with special disabilities. If qualified professionals are available, they will be summoned to assist in the admissions process.
10. Observation and evaluation of the physical and mental condition of inmates will continue through each phase of intake, including searches, and/or showers.
11. Medical alert tags worn by the inmate will be noted on the medical and book-in sheets. The inmate will be allowed to wear the medical alert tag.

Sick Call:

Inmates identified as requiring examination or treatment by a physician will be scheduled for the next sick call. Sick call will be conducted on a schedule as determined by the Jail Administrator. Refer to the *Sick Call* policy 11.2.

Emergency Health Care and First Aid:

The facility will maintain at least one fully stocked first aid kit at the facility that is accessible to officers. At least one officer per shift will be trained in emergency first aid by an appropriate authority, and be able to demonstrate skill in the rendering first aid to inmates and fellow officers in the event of a medical emergency. With the advent of a medical emergency, the responding officer that is first aid qualified will:

1. Assist the injured person(s), and instruct other officers to call for professional medical assistance, as needed.
2. Isolate or remove the injured party to a secure and safe area, if the injuries allow movement.
3. Provide basic first aid to the injured party. The level of care will normally include: stop the bleeding, protect the wound, and treat for shock.
4. Make the injured party as comfortable as possible until other medical help arrives.
5. Provide security for the injured party until help arrives.
6. Refer to *Medical Emergency* policy 7.7.

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Policies and Procedures, 11.1 Inmate Medical Services

Active Labor/Childbirth:

Generally, females near time for childbirth will not be housed in the facility. The court will be contacted and arrangements sought to release the female by bond reduction, house arrest, or other method as directed by the court.

Restraints will not be used on female inmates during active labor and the delivery of a child. Any deviation from this policy requires approval by, and guidance on, methodology from the Medical Director. The medical authority shall provide guidance based on documented serious security risks. Medical will provide guidance on the use of restraints on pregnant offenders prior to active labor and delivery.

Medication:

All medications will be confiscated from the inmate during admission and kept in a secure location in the facility to ensure:

1. All medications will be reviewed by the provider of medical services;
2. Medications will be given only by a physician's orders;
3. Issuance of medication only by a physician's written orders, including controlled drugs and injections;
4. An established receipt system for issuance of medication to the inmate; and
5. A responsible officer will distribute the medication to the inmates as directed.

Health Appraisal Evaluation:

The health appraisal will begin with a review of each inmate's intake form. Significant past or present health problems or health maintenance needs will be reviewed, and referred to a physician in a manner consistent with findings.

1. Significant findings will be annotated and elaborated upon in the medical record, and additional health care services may be initiated as directed by the physician.
2. If abnormal health conditions are disclosed during the health appraisal, the inmate will be referred to medical professionals. Personnel performing the health appraisal should be attentive to the personal, social, and offense circumstances of each inmate.
3. Inmates whose circumstances are generally known to be related to risk of infestation, contagious disease, or generally poor health will be identified and referred to a physician who will determine if laboratory or diagnostic tests for communicable diseases are indicated.
4. The physician will establish and maintain standing orders identifying groups with high risks of communicable disease, which should include specifications on diagnostic tests to be performed, standard treatment regimens, and housing recommendations.
5. In the event a communicable disease is detected, the physician and shift supervisor on duty are to be notified.

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Policies and Procedures, 11.1 Inmate Medical Services

6. Inmates with communicable diseases will be assigned in appropriate separation facilities [single cell] of Rankin County ADC or a medical facility.

Classification:

1. Upon completion of the booking process, inmates will be referred to the classification officer for housing and other facility activities or programs. The same officer may perform the job functions of booking and classification.
2. The classification officer will be notified of any medical condition, ailment, or illness that could seriously effect the classification of the inmate.
3. Inmates found to be in good physical and mental health will be assigned to housing according to standard classification criteria.
4. Where and when reasonably possible, inmates with physical and mental health conditions will have their conditions considered as a part of the classification process. However, these conditions will not override security considerations.

Examination:

Physical examinations will be provided to all inmates at the facility within fourteen [14] day of booking, unless there is documented evidence of a comparable examination within the previous ninety-days [90]. The examination may include the following:

1. Review of intake screening;
2. Recording of height, weight, pulse, blood pressure, and temperature;
3. Collection of additional data to complete the medical, dental, mental health, and immunization inquiries;
4. Laboratory and/or diagnostic testing or tests to detect communicable diseases, including venereal disease and tuberculosis;
5. Other tests and examinations as appropriate or indicated by medical examination, including review of mental and dental status;
6. Development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation.
7. The examining physician may record his examination findings, diagnosis, and recommended treatment in the inmate's medical record along with any prescription of medicines, including drug name, strength, frequency of administration, and the duration of treatment should be included in the record.
8. After examination and treatment, the inmate will be escorted back to his cell or temporary holding tank.
9. Inmates being examined by medical personnel of the opposite sex will have, if available, an officer of the same gender as the inmate present during the examination.
10. Qualified jail personnel will visit inmates requiring medical attention, daily, to render treatment and dispense medications as prescribed by a physician.

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Policies and Procedures, 11.1 Inmate Medical Services

Medical Instruments/Supplies:

The Medical Staff shall ensure that all medical and dental instruments and supplies are controlled and inventoried according to protocol.

Use of Inmates for Medical Care:

Inmates shall not be assigned health care related tasks of any kind, including: performing direct inmate care services; scheduling health care appointments; determining access of other inmates to health care services; handling or having access to surgical instruments, syringes, needles, medications or medical records; or operating any diagnostic or treatment equipment.

Inmate Injury Prevention:

The Jail Administrator will analyze serious inmate injuries occurring within the facility at least annually. He shall identify problems and develop and implement corrective actions to prevent or minimize the occurrence of said injuries in the future. He shall report the numbers of serious inmate injuries and the corrective actions taken as a result of said injuries to the Sheriff annually.

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Rankin County Adult Detention Center Policies and Procedures

Subject: Inmate Suicide & Medical Watch	Policy Number: 11.3
Issue Date: June, 2009	Revision Date: November, 2011
Approval Authority: Bryan Bailey, Sheriff	

POLICY:

It is the policy of the Rankin County ADC to be observant to the threat of suicide among inmates and to directly intervene in suicide threats or actions whenever reasonably possible. Further, to have a program that allows for the close supervision of inmates that have been determined to be a suicide risk or have a medical condition that requires close supervision.

PENOLOGICAL INTEREST:

It is in the penological interest of this detention facility to provide reasonable and necessary security and safety standards, control, supervision, and oversight of inmates while confined to this facility.

DEFINITIONS:

Suicide: the act or an instance of a person taking his or her own life voluntarily and intentionally.

DISCUSSION:

For most reasonably thinking individuals, being incarcerated in jail is a traumatic experience. As a consequence, some individuals taken into custody and confined in a jail will exhibit some forms of abnormal behavior. This condition makes the job of the jail staff even harder when it comes to watching for or trying to prevent suicides among inmates.

Suicide attempts may take many forms, however the goal is ending ones own life. The actual attempt may be long in planning or the result of an impulse. The inmate may appear normal in one instance and carrying out his plan of destruction the next. Officers are cautioned to be watchful for three basic modes of attempted suicide. This is often referred to as the suicidal triad. This triad consists of:

1. Suicide – the inmate wishing to take his own life performs the act.
2. Homicide – The act is performed by a fellow inmate for a variety of reasons, with

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Policies and Procedures, 11.3 Suicide Watch

the knowledge and assistance of the suicidal inmate.

3. Suicide by COP – The suicidal inmate may try to set up a scenario or scheme where officers will be forced or likely to use force, deadly force, or kill the inmate because of some action he [the inmate] instigates.

Jail staff may be alert to possible indicators of potentially suicidal inmates, by such things as:

1. Past history of suicide attempts;
2. Active discussion of suicide plans;
3. Sudden drastic change in eating, sleeping, or other personal habits;
4. Recent crisis in personal events, such as extended or life sentencing; and
5. Loss of interest in activities or relationships the inmate had previously engaged in.

PROCEDURE:

When an inmate exhibits behavior that is suicidal or homicidal the Jail Administrator or his designee will immediately notify the on-call physician of the observed actions and provide details of observations. The on-call physician will determine if additional support or evaluation is warranted. While awaiting medical assistance, the inmate may be held in medical locked status [if facilities are available] and will be closely observed by staff.

Once a medical or psychiatric evaluation is completed, the Jail Administrator will be notified by the medical professional if changes in the normal watch procedure are required or recommended. The recommendations of the medical professional will be followed for the period indicated. The Jail Administrator will communicate with the physician(s) regarding any major change in the inmate's behavior or status.

If a potential crisis arises after regular operating hours or on weekends or holidays, and the inmate is likely to require commitment to a mental health treatment facility, the Jail Administrator will be notified and will confer on any such transfer.

Suicide Watch:

Inmates determined by competent medical authority to be a suicide or medical risk will be placed in medical locked status or placed in general population depending on the recommendations of the physician(s). If suicidal, the inmate will be under watch by at least one officer. This watch can be on a continuous basis or with frequent checks of at least every fifteen (15) minutes. During these inspections, the officer will visually observe the inmate.

The inspection or watch can be performed with closed circuit television [CCTV] if the cell is so equipped. If CCTV is used, the officer must be able to see the inmate on the CCTV monitor and hear the sounds in the room through periodic checks.

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Policies and Procedures, 11.3 Suicide Watch

Regardless of the method of observation, officer(s) assigned these duties will record the inspections in the logbook.

During the watch, potentially harmful items such as razor blades, belts, shoelaces, matches, pens, pencils, mirrors, glasses, and any sharp items will be removed from the inmate and the cell in which he or she is placed. If necessary, paper gowns may be substituted for normal inmate clothing.

Written reports of any suicide attempts will be forwarded to the Jail Administrator and the Sheriff.

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